

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$85.00 for date of service, 08/08/01.
- b. The request was received on 08/07/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial TWCC 60
 1. HCFA 1500
 2. EOB
 - b. Additional documentation requested on 09/05/02 and received on 09/24/02
 1. Request for Reconsideration dated 07/12/02
 2. Medical Records
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution dated
 - b. HCFA(s)
 - c. Medical Audit summary/EOB/TWCC 62 form
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 09/27/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 09/30/02. The response from the insurance carrier was received in the Division on 10/14/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of "A letter Requesting Additional Information" is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement.
2. Respondent: Letter dated 10/14/02

“The Respondent denied the bills properly. The Requestor failed to indicate either the nature or the quantity of the services it rendered. The Requestor did not adequately document either the exact supplies it delivered, not [sic] did it document their use. WHEREFORE, Respondent prays the Medical Review Division of the Texas Workers’ Compensation Commission decline to order the reimbursement for the services made the basis of this dispute.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 08/08/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$85.00 for services rendered on the above date in dispute.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the above dates in dispute.
5. Carrier’s EOB continues to deny payment as, “N-NOT APPROPRIATELY DOCUMENTED INSUFFICIENTLY IDENTIFIED OR QUANTIFIED”.
6. Per the Requestor’s Table of Disputed Services, the amount in dispute is \$85.00 for services rendered on the date of service in dispute.
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
08/08/01	E1399	\$85.00	\$0.00	N	DOP	TWCC Rule 133.304 (c);	TWCC Rule133.304 states “The explanation of benefits shall include the correct payment exception codes required by the Commission’s instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier’s action(s).” The Carrier’s EOB does not address or support their denial for this service. The Carrier has not supported their denial in accordance with TWCC Rule 133.304 (c). Reimbursement of \$85.00 is recommended..
Totals		\$85.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$85.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$85.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 13th day of January 2003.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division
DT/dt